



| | | |
|--|--|--|
| <i>Index of Claims</i>  | Application/Control No. 10522561 | Applicant(s)/Patent Under Reexamination LEE ET AL. |
| | Examiner Stephen E Jones | Art Unit 2817 |

| | | | | | | | |
|---|-----------------|---|-------------------|---|---------------------|---|-----------------|
| ✓ | Rejected | - | Cancelled | N | Non-Elected | A | Appeal |
| = | Allowed | ÷ | Restricted | I | Interference | O | Objected |

| <input type="checkbox"/> Claims renumbered in the same order as presented by applicant | | <input type="checkbox"/> CPA | | <input type="checkbox"/> T.D. | | <input type="checkbox"/> R.1.47 | |
|--|----------|------------------------------|--|-------------------------------|--|---------------------------------|--|
| CLAIM | | DATE | | | | | |
| Final | Original | | | | | | |
| 1 | 1 | | | | | | |
| 2 | 2 | | | | | | |
| 6 | 3 | | | | | | |
| 7 | 4 | | | | | | |
| 8 | 5 | | | | | | |
| 3 | 6 | | | | | | |
| 4 | 7 | | | | | | |
| 5 | 8 | | | | | | |
| 9 | 9 | | | | | | |
| 15 | 10 | | | | | | |
| 12 | 11 | | | | | | |
| 13 | 12 | | | | | | |
| 14 | 13 | | | | | | |
| 16 | 14 | | | | | | |
| 10 | 15 | | | | | | |
| 11 | 16 | | | | | | |
| 18 | 17 | | | | | | |
| 24 | 18 | | | | | | |
| 21 | 19 | | | | | | |
| 22 | 20 | | | | | | |
| 23 | 21 | | | | | | |
| 25 | 22 | | | | | | |
| 19 | 23 | | | | | | |
| 20 | 24 | | | | | | |
| | 25 | | | | | | |
| | 26 | | | | | | |
| | 27 | | | | | | |
| | 28 | | | | | | |
| | 29 | | | | | | |
| | 30 | | | | | | |
| | 31 | | | | | | |
| | 32 | | | | | | |
| | 33 | | | | | | |
| | 34 | | | | | | |
| | 35 | | | | | | |
| | 36 | | | | | | |

| | | |
|---|--|--|
| Index of Claims  | Application/Control No. 10522561 | Applicant(s)/Patent Under Reexamination LEE ET AL. |
| | Examiner Stephen E Jones | Art Unit 2817 |

| | | | | | | | |
|---|-----------------|---|-------------------|---|---------------------|---|-----------------|
| ✓ | Rejected | - | Cancelled | N | Non-Elected | A | Appeal |
| = | Allowed | ÷ | Restricted | I | Interference | O | Objected |

| <input type="checkbox"/> Claims renumbered in the same order as presented by applicant | | <input type="checkbox"/> CPA | | <input type="checkbox"/> T.D. | | <input type="checkbox"/> R.1.47 | | | |
|--|----------|------------------------------|--|-------------------------------|--|---------------------------------|--|--|--|
| CLAIM | | DATE | | | | | | | |
| Final | Original | | | | | | | | |
| | 37 | | | | | | | | |
| | 38 | | | | | | | | |
| | 39 | | | | | | | | |
| | 40 | | | | | | | | |
| | 41 | | | | | | | | |
| | 42 | | | | | | | | |
| | 43 | | | | | | | | |
| | 44 | | | | | | | | |
| 17 | 45 | | | | | | | | |
| 26 | 46 | | | | | | | | |
| | 47 | | | | | | | | |
| | 48 | | | | | | | | |